

CLAIMS ONLY	Application Number <div style="font-size: 1.2em; font-family: cursive;">10/669009</div>	Filing Date
Applicant(s) 		

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep		Depend		Indep		Depend	
1	1						51							
2		1					52							
3							53							
4	1						54							
5		1					55							
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7		1					57							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	15						Total Indep							
Total Depend	12						Total Depend							
Total Claims	27						Total Claims							

New